IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ın	re	app	lica	tion	ot:

Hiroyuki HIDAKA

Serial No: 10/538,263

Confirmation No.: 2260

Filed: June 8, 2005 For: Wireless Communication Terminal And Handoff

Judgment Method

Mail Stop AF Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Art Unit: 2617

Examiner: Holliday, Jaime Michele

> I hereby certify that this correspondence is being transmitted via electronic filing on

the date indicated below to: Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450, on

October 31, 2006 Date of Deposit Juanita Soberanis

Name ianis

Signature Date

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	1 -	ADD'L FEE DUE	
TOTAL CLAIMS FEE	20	-20	20	0	LG=\$50 SM=\$25	\$	0	
INDEPENDENT CLAIMS FEE	4	-3	4 *	0	LG=\$200 SM=\$100	\$	0	
FIRST PRESENTATIO	N OF MULTIPLE DEPENDENT	CLAI	MS		ENTITY FEE = \$366 ENTITY FEE = \$186		0 .	
ADDITIONAL SIZE FEI	ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS				\$	0		
Independent Claims 1, 5, 9 and 12						. \$	0	

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

Please charge the fee of \$-0- for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Please charge the fee of \$-0- for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

 \boxtimes The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

 \boxtimes Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

 \boxtimes Any patent application processing fees under 37 C.F.R. § 1.17

> Respectfully submitted, HOGAN & HARTSON L.L.P.

Date: October 31, 2006

1999 Avenue of the Stars, Suite 1400 Los Angeles, California 90067 Telephone: 310 785-4600

Facsimile: 310 785-4601

By: Troy M. Schmelzer

> Registration No. 36,667 Attorney for Applicant(s)

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TOTAL CLAIMS FEE	20	-20	20	0	LG=\$50 SM=\$25 \$50	\$	0
INDEPENDENT CLAIMS FEE	4	-3	4 *	0	LG=\$200 SM=\$100 \$200	\$	0
FIRST PRESENTATIO	N OF MULTIPLE DEPENDEN	T CLAIN	MS		E ENTITY FEE = \$360 L ENTITY FEE = \$180		0
ADDITIONAL SIZE FEI	E (IF ANY) (TOTAL PAGES OF	SPEC	AND DRAWINGS TOGETHER)	\$250 FOR EACH AI SHEETS	DDITIONAL 50	\$	0
Independent Claims 1, 5, 9 and 12 TOTAL						\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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